

DATE: JAN 08 1982

SUBJECT: ISS Inspection Review Sheet

FROM: Arnold E. Leder, Chief
Compliance SectionTO: William Child, Manager
Field Operations Section
Land/Air Pollution Control Div
FEPAName: Paul Zaccarino, Rubbish Removal
25 W 175 Lake St.

Location: Roselle, Ill. 60172

EPA ID No.: ILD 024956328

Date of Survey: 8/18/81

Date Report Received in Enforcement
Division 12/16/81Date Reviewed and Reviewers
Initials 1/4/82 Dd.

1/6/82 MB

GENERATOR

TRANSPORTER

TSD

Inspection Conducted By: ☒ 1. State ☐ 2. U.S. EPA ☐ 3. Joint
☐ 4. Other _____

COMMENTS ON INSPECTION

Firm does not handle hazardous waste.
The firm is engaged in the hauling of industrial/commercial refuse but does wish
ANALYSIS OF REPORT to retain its U.S. EPA I.D. No. in the event a future client
might require this type of service.

- ☒
1. In Compliance
-
- ☐
2. Non-Compliance with Interim Status Standards (Describe)

FINAL ACTION TAKEN WITH REPORT

- ☒
1. In Compliance; no further action. State sent copy of inspec. rpt. to Co. on 11-9-81.
-
- ☐
2. No further action (e.g. insignificant violation, mitigating circumstances described as follows).
-
- ☐
3. State/Federal enforcement action taken. (Describe)
-
- ☐
4. Copy of inspection with attached letter sent to facility by State/Federal.

cc: State S10



Environmental Protection Agency

1701 S. First Street Maywood, IL. 60153

RECEIVED

NOV 19 1981

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

312/345-9780

Refer to: DuPage County - General - Roselle/Paul Zaccari
ILD024956328

November 9, 1981

Zaccari Industrial Rubbish Removal
25 W. 175 Lake Street
Roselle, Illinois 60172

Dear Mr. Zaccari:

Enclosed is a copy of the report of the inspection dated August 18, 1981 conducted at the above facility by a representative of the Illinois Environmental Protection Agency (IEPA). The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) as amended. According to the report your firm does not handle hazardous wastes. Should you transport hazardous wastes in the future, please be advised that you would have to comply with the requirements set forth in 40 CFR Part 262.

Your cooperation and efforts in this matter are appreciated. Should you have any questions about the report, please contact Cliff Gould at (312) 345-9780.

Sincerely,

Kenneth P. Bechely, Northern Region Manager
Field Operations Section
Division of Land/Noise Pollution Control

KPB:CG:prb

Enclosure: Inspection Report

cc: Division File
Northern Region
✓ U.S. E.P.A. Region V

SWH 0214

STATE IDENTIFICATION NUMBER
(If Applicable)

ILD 024956328

EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form C - Transporter Inspection
(40 CFR Part 263)

I. General Information:*

- (A) Transporter Name: Paul Zaccari Ind. Rubbish Removal
(B) Street: 25W 175 Lake Street
(C) City: Roselle (D) State: IL (E) Zip Code: 60172
(F) Phone: 312/529-0090 (G) County: DuPage
(H) Date of Inspection: August 18, 1981 Time of Inspection (From) 1:45p (To) 2:15p
(I) Weather Conditions: Sunny 75°F

- | (J) Person(s) Interviewed | Title | Telephone |
|---------------------------|--------------------|---------------------|
| <u>Mrs Zaccari</u> | <u>Owners wife</u> | <u>312/529-0090</u> |
| | | |
| | | |
-
- | (K) Inspection Participants | Agency/Title | Telephone |
|-----------------------------|-----------------|---------------------------|
| <u>Clifford Gould</u> | <u>IEPA/EPs</u> | <u>312/345-9780 x 290</u> |
| | | |
| | | |
-
- | (L) Preparer Information | Agency/Title | Telephone |
|--------------------------------|-----------------|---------------------------|
| Name:
<u>Clifford Gould</u> | <u>IEPA/EPs</u> | <u>312/345-9780 x 290</u> |

*If site is also a generator do not complete Section I of this form.

Do not use this form if transporter is also a treatment, storage, and/or disposal facility.
Complete form "A" if the transporter is also a TSD facility.

II. OTHER TYPES OF HAZARDOUS WASTE ACTIVITY

(A) _____ Treatment, Storage, and/or Disposal

(B) _____ Generator (Form B)

(If site is also a generator or TSD, attach this form to form "A" or "B" as appropriate.)

Briefly describe site activity: This site is an office and truck yard operated in conjunction with an auto repair/restoration business. The firm is engaged in the hauling of industrial/commercial refuse.

III. MANIFEST SYSTEM AND RECORDKEEPING (Subpart B)

	Yes	No	NI*	Remarks
(A) Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?	_____	_____	<u>X</u>	<u>See remarks on page 27</u>

IV. INTERNATIONAL SHIPMENTS

	Yes	No	NI*	Remark Number
A. Does the Transporter record on the manifest the date the waste left the U.S?	_____	_____	<u>X</u>	<u>No international</u>
B. Are signed completed manifest(s) on file?	_____	_____	<u>X</u>	<u>shipments</u>

*Not Inspected

Rev. 1-26-81/J.B.

V. MISCELLANEOUS

A. Does transporter haul
Hazardous Waste into the
U.S. from Abroad?

— X — No international
shipments.

B. Does the transporter mix
Hazardous Waste of different
DOT shipping descriptions
by placing them into a single
container?

— X — _____

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator Regulations.

VI. REMARKS

Remarks: This firm has never transported hazardous waste.
They do transport a special waste under IL Rules
and Regulations, using the IL manifest system.

The firm does want to retain its USEPA ID# in
the event a future client might require this type
of service.



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

ILD024956328

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

ZACCARI PAUL INDUS RUBBSH RMVL
25 W 175 LAKE ST
ROSELLE, IL 60172

III. LOCATION OF INSTALLATION

25 W 175 LAKE ST
ROSELLE, IL 60172

000059 JUL 21 80

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

ILD024956328

A

80/07/21

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

Zaccari Paul Owner

312-529-0090

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Zaccari Paul

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

ILD024956328

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

JUL 21 1980

5	W	I	L	D	0	R	4	9	5	6	3	2	8	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F013 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 F017 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K086 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>F. Zaccari</i>	NAME & OFFICIAL TITLE (type or print) Owner	DATE SIGNED 7/16/80
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ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

MEMORANDUM

TO: _____ DATE: _____

FROM: _____ ☐ Information only

SUBJECT: State of Illinois Department of Environmental Protection ☐ Response requested

Re: Request for information regarding the State of Illinois Department of Environmental Protection's policy on the use of hazardous waste incineration facilities.

The State of Illinois has recently enacted legislation which requires that all hazardous waste incineration facilities be licensed by the State of Illinois.

The State of Illinois has also enacted legislation which requires that all hazardous waste incineration facilities be licensed by the State of Illinois.